

ARIZONA DEPARTMENT OF WATER RESOURCES JUL - 2 2009 Water Management Division

500 North Third Street, Phoenix, Arizona 85004 Phone (602) 417-2465 Fax (602) 417-2467

PHOENIX AMA

APPLICATION FOR UNDERGROUND STORAGE FACILITY PERMIT (A.R.S. § 45-811.01)

APPLICATION FEE \$ 750.00 DUE UPON FILING

PERMIT FEE OF \$ 500.00, PLUS NOTICE AND PUBLICATION FEES TO BE DETERMINED, WILL BE DUE PRIOR TO ISSUANCE OF PERMIT

PLEASE SUBMIT ONE ORIGINAL AND FOUR COPIES OF THE COMPLETED APPLIACTION AND ALL SUPPORTING MATERIALS

FOR OFFICE USE ONLY
Application No.: 218757

Date Received: 7-2-09

FACILITY DESIGN: (check or Constructed Managed	APPL	Modification to USF permit no.:		
		71- Renewal of USF permi	permit no.:	
Name of Applicant: John	GENERAL INFORMATI			
5230 E. Shea Blvd., S	ouite 200	Phoenix	AZ	85254
Mailing Address		City	State	Zip
Brian Tompsett, P.E.	480-998-3300	•	0) 482-7908	r
Contact Person:	Telephone:	Fax:		
2. Is this a State Demonstration (NOTE: Pursuant to A.R.S. Project program.)	Project? Yes X No § 45-893.01, only Conservation Districts q	qualify to participate in State	Demonstrat	ion
Name of Active Management Phoenix A.	Area or Irrigation Non-Expansion Area w	here the facility will be loca	ited:	
(If the faci	lity is NOT located within an AMA or INA	A, please indicate "NONE."))	
Name of groundwater basin a Sub-basin	nd subbasin where the facility will be locat	ed: Gila River Basin, Ea	st Salt River	Valley
5. Legal description of the location	on of the facility: N ½ Section 29,Towns	hip 2 South, Range 8 East		

	(quarter/quarter/quarter/section	n, township and range – s	see Appendix C of U	SF Application Guide)				
6.	Does the applicant own the land where th	e facility is to be located?	X Yes	No				
7.	The total design capacity of the facility:	82,900						
0	The manifestory and the control of t			duration of the USF permit)				
8.								
9.	Proposed duration of permit: 20-yea	re	(a	cre-feet per year)				
		(years)						
10.	Type of source water to be stored:	0 - 22 - 37						
	CAP Water	Effluent	Decreed and	Appropriative Surface Water				
	If Decreed and Appropriative Surface	e Water, list river(s):						
11.	I agree under penalty of law to obtain any	required floodplain use p	ermit from the coun	ty flood control district before				
beginning any construction activities, as required by A.R.S. § 45-811.01 (C)(4). Agree Disagree								
12.	For managed USFs where effluent will	be stored only: Are you	equesting that this f	acility be designated as a facility				
	that could add value to a national park, na							
	Yes No							
	If yes, please submit a completed USF Per	rmit Application Supplem	ent to designate a M	Ianaged Underground Storage				
	Facility as one that could add value to a na							
	Described on the USF Permit Application	Supplement.						
13.	For permit modifications only, give a brief description of the modification(s) requested by this application:							
		SUPPORTING EVID	ENCE					
Check the following items that have been included with this submittal. For a new USF application, all items must be submitted prior to receiving a complete and correct determination by the Department. For a modification to an existing USF permit, submit only those items that apply to the modification. For a full description of these requirements refer to the USF Application Report in the USF Application Guide.								
14.	USF Site and Facility Characteristics:							
	Site Characteristics	Geology						
	Facility Characteristics	Hydrogeology						
15.	Unreasonable Harm and Hydrologic Feasit	oility Analysis:						
	Procedures and Results for Calculating	g Maximum Area of Impa	et and Mounding A	nalysis				
	Land and Water Use Inventory	Unreasonable	Harm Analysis	Monitoring Plan				
	Water Quality	Hydrologic Feasibility	Conclusions	Operations and Maintenance				
16.	Legal Requirements:							

NOTARIZED SIGNATURE

I (We), Brian Tompset	, the applicant(s) named in this application, do hereby certify under					
the penalty of perjury, that the information contained a	nd statements made herein are to the	he best of my (our) kno	owledge and			
belief true, correct and complete.	9.1					
480-987-9870	// _/.	1/2 -1/				
Telephone	- Jungil					
Telephone	lephone Signature of owner or authorized agent					
	EXECUTIVE VI	ICE PRESI	SENT			
5230 E. Shea Blvd.	Phoenix	AZ	85254			
Mailing Address	City	State	Zip			
STATE OF ARIZONA)					
) ss.					
County of MARICOPA)					
Subscribed and sworn to before me this	day of	, 20 <u>09</u>				

Notary Public

MOTION AUGUST
MOTION AUGUST
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MOTIONAL EPIRES 12-23-2012

 $\frac{12 \cdot 23 \cdot 2012}{\text{My commission expires}}$